


**HAMILTON, BROOK, SMITH & REYNOLDS, P.C.**

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS</b>		<i>Application/Patent Number</i>	10/582,849			
		<i>371c Date</i>	June 14, 2006			
		<i>First Named Inventor/Patentee</i>	Leonardo Badino			
		<i>Confirmation Number</i>	6945			
		<i>Group Art Unit</i>	2626			
		<i>Examiner Name</i>	Roberts, Shaun A.			
		<i>Attorney Docket Number</i>	4765.2014-001 (TEL0896)			
<i>Title</i>	Text-To-Speech Method and System, Computer Program Product Therefor					
I hereby revoke all previous powers of attorney given in the above-identified application.						
<input type="checkbox"/>	I hereby appoint the following practitioner(s): <u>[Not to exceed 10]</u>					
OR						
<input checked="" type="checkbox"/>	I hereby appoint the practitioners associated with the Customer Number: <b>021005</b>					
Please change the correspondence address for the above-identified application to:						
<input checked="" type="checkbox"/>	<b>Customer Number 021005</b> Hamilton, Brook, Smith & Reynolds, P.C. 530 Virginia Road P.O. Box 9133 Concord, Massachusetts 01742-9133					
<input type="checkbox"/>	Other					
Please direct all telephone calls and facsimiles to:						
Name	Mark B. Solomon	Tel. No.	(978) 341-0036			
		Fax No.	(978) 341-0136			
I am the:						
<input type="checkbox"/>	Applicant/Inventor.					
<input checked="" type="checkbox"/>	Authorized representative of the Assignee, Loquendo S.P.A., of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.					
<input type="checkbox"/>	Authorized representative of the Assignee, [ FILL IN WITH NAME OF ASSIGNEE ], together with [ FILL IN WITH NAME OF ASSIGNEE ], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.					
A copy of this form, together with a Statement under 37 CFR § 3.73(b) (Form PTO/SB/96 or equivalent), is required to be filed in each application in which this form is used. The Statement under 37 CFR § 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Applicant or Assignee of Record						
Signature						
Name & Title	Leanne Fitzgerald, Associate General Counsel IP					
Date	1-9-2012					